

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
0 / 517608  
APPLICANT(S)

**FILING DATE**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5			1			
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TOTAL NO.	2					
TOTAL DEP.	5					
EXAMS	7					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
CLAIMS						

**•MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS**

# DEPARTMENT OF HAMMAGU